

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/644,981</div>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED <div style="font-size: 1.2em; font-family: cursive;">10-21-06</div>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/									
2		/								
3		/								
4		/								
5		/								
6		/								
7		/								
8		/								
9		/								
10		/								
11		/								
12		/								
13		/								
14		/								
15		/								
16		/								
17		/								
18		/								
19		/								
20		/								
21		/								
22		/								
23		/								
24		/								
25		/								
26	/									
27		/								
28		/								
29		/								
30		/								
31		/								
32	/									
33		/								
34	/									
35	/									
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
Total Indep	5									
Total Depend	30									
Total Claims	35									
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
Total Indep										
Total Depend										
Total Claims										

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.